DETACH

Form Approved OMB No. 158-S79016

CONTINUE ON REVERSE

				IFIC SOURCES.		igit number fro	m 40 CFR Part 261.31 f	or each listed hazardous
waste	from non-spe	eific tour	es your installa	tion handles. Use	additional sheets	if necessary.		
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							FR Part 261.32 for each	listed hazardous waste from
specif	ic industrial sor	urces your	installation nar	ndles. Use additio	nal sheets if nece	ssary.	: 2) -Memoria 3.5	
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C. COM	MERCIAL CHE	EMICAL P	RODUCT HAZ	ARDOUS WASTE	ES. Enter the for	ir-digit number	r from 40 CFR Part 261	.33 for each chemical sub-
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D. LISTF نصورة	ED INFECTION	US WAST!	ES. Enter the fi	our-digit number our installation has	from 40 CFR Pa	ert 261.34 for each	ach listed hazardous was	ste from hospitals, veterinary
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hazar	dous wastes you	ur installat	tion handles.	See 40 CFR Parts 2	261.21 — 261.24)	Reportantly to the Chillian	(e) istics of non-motor
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A belie	eve that the st	ubmitted	information	is true, accurat	te, and complet	te. I am awar	e that there are signi	ficant penalties for sub-
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